

Credit Reporting Agreement Form

I _____, authorize any person or consumer reporting agency to give the Main South CDC information it may have about my previous and current credit activities.

Social Security Number (____ - ____ - _____).

Address (if less than 5 yrs list previous address)

Previous Address

City, State, Zip Code

City, State, Zip Code

Date of Birth/DOB-- mm/dd/yyyy

____/____/____

Signature

Date

Main South Community Development Corporation



Working to Rebuild our Community